

August 25, 2006

Mr. Les Boles
Director, Office of State Budget
South Trust Bldg
Columbia, South Carolina 29201

Dear Mr. Boles:

Please find enclosed Parks, Recreation and Tourism FY2007-2008 Budget Request. We thank you for your consideration of our budget request.

If you should have any questions, please call me at (803) 734-3272.

Warm Regards,

Amy D. Duffy
Chief of Staff
SCPRT

Enclosures

| Summary of Operating Budget Priorities for FY 2007-08: | | FUNDING | | | | | FTEs | | | |
|---|--------|-------------------------|--------------------|---------|-------|-----------|-------|------|-------|-------|
| | | State Non- Recurring | State Recurring | Federal | Other | Total | State | Fed. | Other | Total |
| Priority No.: | Title: | 0 | 0 | 0 | 0 | \$ 0 | 0 | 0 | 0 | 0.00 |
| Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name: | | | | | | | | | | |
| TOTAL OF ALL PRIORITIES | | \$ 0 | \$3,850,000 | \$ 0 | \$ 0 | 3,850,000 | 0.00 | 0.00 | 0.00 | 0.00 |

E. Agency Recurring Base Appropriation:

State \$ 34,892,904

Federal \$ 3,563,300

Other \$ 22,994,254

F. Efficiency Measures:

SCPRT developed a new consumer-focused website to serve as the nexus of SCPRT's marketing program. The goal is to drive South Carolina to the forefront among state tourism offices using technology to attract potential leisure travelers. Working with a leading tourism web development and internet marketing firm – Aristotle -- SCPRT developed a new consumer-focused website, DiscoverSouthCarolina.com. The site's design and functionality were driven by consumer research and direct consumer feed back.

The new consumer website will also generate revenue for SCPRT. A new advertising program on the site has generated an estimated \$40,000 since its introduction in March 2006, and the program is expected to generate nearly \$100,000 during its first 12 months of operation – with revenue re-invested in the website and on-line marketing initiatives.

The development of a new website dedicated solely to the promotion of state parks has also been a much needed sales and marketing tool for state parks. The site was introduced to the public on March 1, 2006. This site, although still in the early stages, is receiving praise from state parks customers and provides thorough detailed information to new and existing customers.

Last year, SCPRT develop a relationship with the Outdoor Advertising Association of South Carolina. This partnership has brought statewide advertising opportunities to the park service at no cost through a donated billboard campaign. This campaign provided the state parks with 40 billboards that rotate on a space-available basis throughout the state. The Outdoor Advertising Association donated the production of the billboards at \$45,000 and also has donated the space that would amount to approximately \$45,000 per month. These billboards surfaced

across the state in November 2005 and continue to appear statewide. The partnership has brought the park service to the forefront for travelers and residents alike along the highways and interstates of South Carolina.

PRT harnessed emerging technology as part of its marketing program this year. Specifically, South Carolina became one of fewer than five states to develop its state visitors guide as an electronic fulfillment item. Through an on-line advertising program, PRT pushed its e-guide into the hands of consumers who did not want to wait two weeks to receive the traditional hard-copy publication. For the more traditional, the agency continues to produce and distribute the hard copy, award-winning publication.

An important measure for PRT's domestic leisure advertising program is the economic impact generated by consumer leads that convert into visitors to South Carolina. Among the 564,000 leads that ordered SCPRT's fulfillment materials or visited SCPRT's website for travel planning purposes between January and June of 2005, 48% subsequently took a trip to South Carolina. Around 18% of these trips (49,000) were not planned before consumers were exposed to SCPRT's printed and/or on-line materials. The \$73 million in visitor expenditures generated by these 'influenced' trips represent a 52% increase over the same period in 2003, or an additional \$25 million.

In addition to increases in revenue, CRS has also improved business practices in state parks. Because reservations are accepted within an 11-month window, cash flow is more stable. The Park Service is better able to predict its revenue stream from season to season, manage its expenses and not struggle to meet its financial obligations during slow periods.

The Park Service has eliminated the warehousing of retail items and drastically reduced the level of retail stock and concentrated on the quick turn around of fast moving retail items. Retail items that had a long shelf life and items that were "dead" stock have been reduced or eliminated. In addition, a refocus on retail to include promotion of site-specific merchandise with a high profit margin has been introduced.

PRT is leveraging its membership and program investment in Travel South in order to reach Canadian visitors. Travel South is focusing all of its marketing effort on the Canadian market – a lucrative market for South Carolina because of the state's extensive beach product and valuable tourism offerings. To support the agency's push in Canada, stories were distributed through a wire service called News Canada. The results were stories and articles in at least 12 Canadian newspapers and websites that generated more than 4 million viewer impressions. In addition to Canada, the program helped generate international exposure for South Carolina by fulfilling image requests from newspapers, travel guides and guidebooks in the UK, Germany and German-speaking countries. Those efforts helped extend the marketing messages the agency delivers in those European regions.

SCPRT has also made strides in the way that it analyzes data. FY05-06 was the pilot year for a new 'dashboard' reporting system where the various functional areas of SCPRT maintain and present quarterly reports on data they collect that is useful for tracking and decision making by the agency.

G.

| Summary of Capital Budget Priorities: | | | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--|--|--------------|-----------------------------------|--|---|--------------------------|
| Priority No.: 1 | <u>Project Name:</u> State Park Roads & Bridges Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 3,000,000 | 1,922,669 | 0 | 4,922,669 |
| Priority No.: 2 | <u>Project Name:</u> Statewide Asbestos Abatement Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 1,000,000 | 0 | 0 | 1,000,000 |
| Priority No.: 3 | <u>Project Name:</u> Santee – Cabin Pier Renovation Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 1,000,000 | 0 | 0 | 1,000,000 |
| Priority No.: 4 | <u>Project Name:</u> Historic Building Preservation Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 250,000 | 171,890 | 0 | 421,890 |
| Priority No.: 4 | <u>Project Name:</u> ADA Access – Phase I Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 1,000,000 | 200,000 | 0 | 1,200,000 |
| Priority No.: 6 | <u>Project Name:</u> Statewide Utility Repair Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 1,000,000 | 250,000 | 0 | 1,250,000 |
| Priority No.: 7 | <u>Project Name:</u> Revenue Enhancement Facility Repair/Replacement Activity Number & Name: 1270 State Parks – Field Operations | Project No*: | 2,000,000 | 0 | 0 | 2,000,000 |
| Priority No.: | <u>Project Name:</u> Statewide | Project No*: | 2,500,000 | 0 | 0 | 2,500,000 |

| | | | | | | |
|--|--|--------------|---------------|--------------|------|------------|
| 8 | Campground Improvements Activity Number & Name:1270 State Parks – Field Operations | | | | | |
| Priority No.: 9 | <u>Project Name:</u> Residence Replacement Activity Number & Name:1270 State Parks – Field Operations | Project No*: | 300,000 | 0 | 0 | 300,000 |
| TOTAL OF ALL CAPITAL BUDGET PRIORITIES | | | \$ 12,050,000 | \$ 2,544,559 | \$ 0 | 14,594,559 |

* If applicable

H. Number of Proviso Changes: 3

I. Signature/Agency Contacts/Telephone Numbers:

Chad Prosser
Agency Director
(803) 734-0171

Amy Duffy
Chief of Staff
(803) 734-3272

Yvette Sistare
Finance Director
(803) 734-1759

II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 26/P28/Parks, Recreation & Tourism
- B. Priority No. 1 of 1
- C. (1) Title: Advertising Investment – (Accountability Report: Section I – Executive Summary – Key Strategic Goals; Section I – Executive Summary – Major Achievements from FY05-06 – Tourism and State Park Service; Section III – Elements of Malcolm Baldrige Award Criteria: Category 2 – Strategic Planning; Category 7 – Results)
- (2) Summary Description:
- (3) Strategic Goal/Action Plan (*if applicable*):
- 1. Working with our industry partners, double present growth rates in Gross Tourism Product (GTP) per visitor, resulting in a growth rate of 17% by 06/30/09. GTP per visitor measures how much value or wealth each out-of-state visitor contributes to our economy.**
- 2. Reinvest \$5,000,000 into state park resources by 06/30/2009 in order to improve visitor experiences.**
- D. Budget Program Number and Name: I A Tourism Sales and Marketing/Advertising
- E. Agency Activity Number and Name: 1274 Media Placement and Production
- F. Detailed Justification for Funding:
- Responding to strategic challenges and opportunities, SCPRT leadership made the decision a few years ago to increase the marketing budget. The agency took a first approach of tightening the budget and shifting spending priorities. In FY02-03, PRT made a goal to increase the funds it dedicated to its Marketing Budget by 40% and to increase Gross Tourism Product (Gross State Product generated by Out-of-State Visitor Spending) per visitor by 10% between 2003 and 2005.
- Total Tourism Demand contributed \$10.9 billion to Gross State Product, 9% of the state's \$121 billion total in 2003. (Gross State Product, also referred to as Value-Added, is the main descriptor of economic production in the economy and includes wages/salaries, transaction taxes, profits, depreciation and subsidies.) The fiscal impact on state and local tax revenues in 2003 was \$1 billion.

Gross Tourism Product per visitor measures how much value or wealth each out-of-state visitor contributes to our economy. In 2003, GTP/visitor was \$270, far below the national average. Between 2003 and 2005, PRT working together with its industry partners helped raise South Carolina's GTP/Visitor to \$315, 17% higher than in 2003. The resulting fiscal impact on state and local tax revenues was an additional \$85 million.

An important measure for PRT's domestic leisure advertising program is the economic impact generated by consumer leads that convert into visitors to South Carolina. Among the 564,000 leads that ordered SCPRT's fulfillment materials or visited SCPRT's website for travel planning purposes between January and June of 2005, 48% subsequently took a trip to South Carolina. Around 18% of these trips (49,000) were not planned before consumers were exposed to SCPRT's printed and/or on-line materials. The \$73 million in visitor expenditures generated by these 'influenced' trips represent a 52% increase over the same period in 2003, or an additional \$25 million.

Due to investment in marketing and an on-line reservation system, the State Parks Service generated \$18,304,394 million in revenue during FY0506, an 8.4% increase over the previous fiscal-year. This large increase resulted from growth in nearly all facets of parks operations including paid admissions, the number of lodging and camping nights, golf rounds, shelter rentals and retail. SCPRT estimates that annually, the State Parks Service generates \$58 million in economic benefits to local economies around the state and adds over \$3.5 million to state tax coffers.

From FY0203 to FY0405, SCPRT's annual marketing budget increased 42%, mostly from a reallocation of budget expenditures. This approach has demonstrated SCPRT's effectiveness in managing increased marketing dollars. Adding additional state appropriated dollars will continue to increase the effectiveness of SCPRT in achieving the desired tourism marketing results.

The Tourism Action Plan commissioned by the SC Council on Competitiveness in 2005 includes the following recommendations in its final report:

The priority marketing tasks during the next five years are:

- ❖ a two-phased tourism development and marketing strategic approach:

Short term – approximately three years – focus on established primarily coastal destinations;

Mid-to-long term – full State tourism product range creating a set of destination brands within a "house of brands".

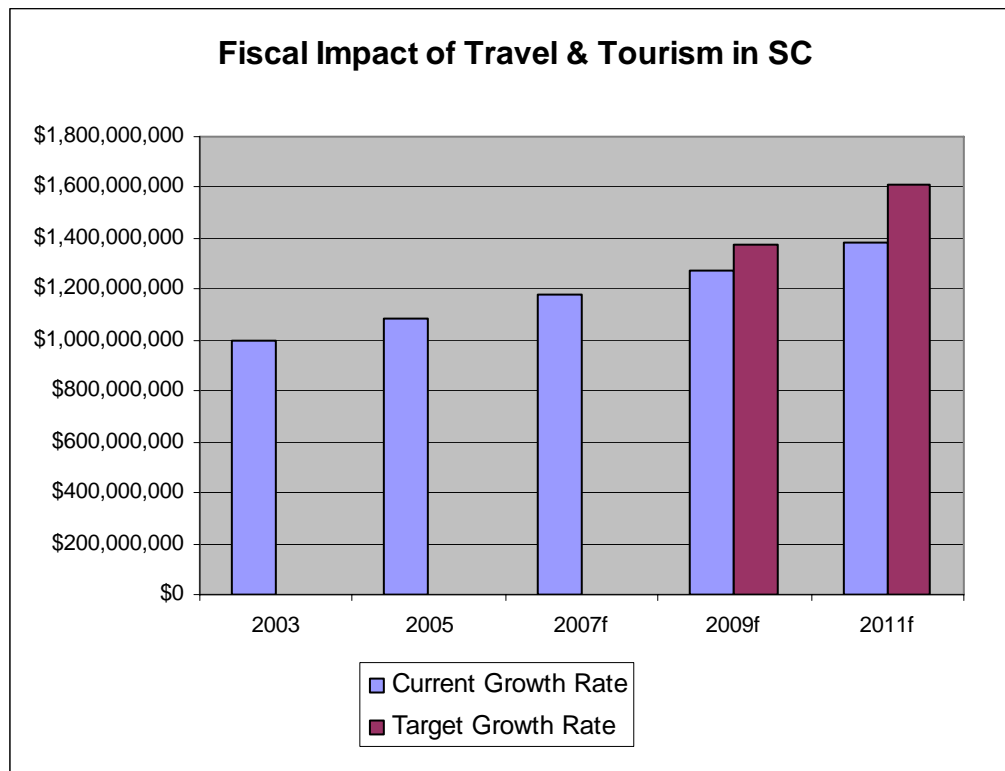
- ❖ to begin the process of building the image among North American mainland tourist markets of South Carolina as a tourism destination providing a diverse range of tourist attractions and facilities catering for a broad set of markets and market segments, and to focus on attracting a higher spending clientele;
- ❖ to change the perception commonly held in domestic US markets that South Carolina has some attractive features but is weak in terms of access, facilities and service;

- ❖ to create awareness among both the travel trade and consumers of international markets that South Carolina is a State with outstanding tourism resources that has embarked on a development strategy to make it a premier tourist destination catering for an extensive range of vacation market segments.

With the increased presence in the total visitor mix of: a. more up-market tourists (in response to product developments, easier access and more marketing), and b. more international tourists (who stay longer and spend more than domestic tourists), a significant rise in average visitor spend can be expected with a consequent growth in the tourism's economic contribution to the State.

With implementation of the Tourism Action Plan's recommendations with respect to increased marketing, product development, access, and human resource development, South Carolina can more than double present growth rates in domestic tourism and achieve major growth in its international markets.

As mentioned previously, Travel & Tourism generated \$1 billion in state and local tax revenues in 2003 and nearly \$1.1 billion in 2005. The Tourism Action Plan proposes to double growth rates within 5 years, which would increase state and local tax revenues from Travel & Tourism to \$1.6 billion by 2011. These targets are broadly double the levels that are likely to be achieved given no change.



(1) Justification for Funding Increase:

(2)

| FY 2007-08 Cost Estimates: | State Non-Recurring Funds | State Recurring Funds | Federal | Other | Total |
|---|--|--------------------------------------|----------------|--------------|--------------|
| Personnel: | | | | | |
| (a) Number of FTEs* | | | | | 0.00 |
| (b) Personal Service | | | | | \$ 0 |
| (c) Employer Contributions | | | | | \$ 0 |
| | | | | | |
| Program/Case Services | | | | | \$ 0 |
| Pass-Through Funds | | | | | \$ 0 |
| Other Operating Expenses | | \$3,850,000 | | | \$3,850,000 |
| | | | | | |
| Total | \$ 0 | \$3,850,000 | \$ 0 | \$ 0 | \$3,850,000 |
| <i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i> | | | | | |

(3) Base Appropriation:

State \$ 11,601,499
Federal \$
Other \$ 1,000,000

(4) Is this priority associated with a Capital Budget Priority? No _____ If yes, state Capital Budget Priority Number and Project Name: _____.

G. Detailed Justification for FTEs

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

| | State | Federal | Earmarked | Restricted | Total |
|----------------------------|-------|---------|-----------|------------|-------|
| Position Title: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Personal Service | | | | | \$ 0 |
| (c) Employer Contributions | | | | | \$ 0 |

| | State | Federal | Earmarked | Restricted | Total |
|----------------------------|-------|---------|-----------|------------|-------|
| Position Title: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Personal Service | | | | | \$ 0 |
| (c) Employer Contributions | | | | | \$ 0 |

(3) FTEs in Program Area per FY 2006-07 Appropriation Act:

State 0
Federal 0
Other 0

Agency-wide Vacant FTEs as of July 31, 2006: 27

% Vacant 5.5 %

H. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name:
- B. Priority No. 1 of 9
- C. Strategic Goal/Action Plan (*if applicable*): *Strategic Goal 2*
- D. Project Name and Number (*if applicable*): *State Parks Roads & Bridges*
- E. Agency Activity Number and Name: State Parks – Field Operations (#1270)
- F. Description of Priority: Roads, parking areas and bridges throughout the State Park System are in need of renovation, repair or replacement due to deterioration from age and usage. This project will address these needs in order of priority based on usage, condition and safety issues.
- G. Detailed Justification for Funding-

(1) Justification for Funding Priority: Roads, parking and bridges have deteriorated and are in need of repair and replacement throughout the State Park System. CPIP Year 02 Priority 02; Priority 1 was funded in the FY06-07 Appropriations Act.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$3,000,000 | \$1,922,669 | | \$4,922,669 |

* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 2 of 9

E. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

F. Project Name and Number (if applicable): *State Parks Asbestos Abatement*

E. Agency Activity Number and Name: *State Parks – Field Operations (#1270)*

F. Description of Priority: The current ongoing statewide asbestos survey has revealed friable and non-friable asbestos containing materials in many of the buildings owned by the South Carolina Department of Parks, Recreation and Tourism. It is expected that once the survey is complete, there will be many more buildings identified with asbestos containing materials. This project includes the removal of the asbestos in PRT's buildings along with the necessary repairs required after removal.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: Asbestos in public buildings poses a health and safety threat to the public and employees of PRT.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$1,000,000 | \$0 | | \$1,000,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

K. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name:
- B. Priority No. 3 of 9
- G. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*
- H. Project Name and Number (if applicable): *Santee Cabin Pier Renovations*
- E. Agency Activity Number and Name: State Parks – Field Operations (#1270)
- F. Description of Priority: This project consists of the repair of the two cabin piers at Santee State Park in Orangeburg County. Each pier has 10 rental cabins and a courtesy dock. The pilings of the piers have deteriorated due to age (30 years) and are in need of replacement.
- G. Detailed Justification for Funding-

(1) Justification for Funding Priority: The pilings of the piers have deteriorated due to age (30 years) and are in need of replacement.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$1,000,000 | \$0 | | \$1,000,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

L. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 4 of 9

I. Strategic Goal/Action Plan (*if applicable*): *Strategic Goal 2*

J. Project Name and Number (*if applicable*): *Historic Building Preservation*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project consists of interior and exterior renovations to the historic buildings in the State Park System. It includes foundation repair, roofing, siding, flooring, structural repair and other items needed to bring these structures back to their original condition. This project will address the structures according to historical significance and need.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: The State Park System's historic structures have deteriorated due to age and usage. These buildings need to be preserved due to their historic significance to the state of South Carolina.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$250,000 | \$171,890 | | \$421,890 |

* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 5 of 9

K. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

L. Project Name and Number (if applicable): *ADA Access Phase I*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project includes the renovation and replacement of existing facilities throughout the State Park System to ensure compliance with the Americans with Disabilities Act. This is the first phase of this project.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: All programs and facilities must be accessible in accordance with the Americans with Disabilities Act.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$1,000,000 | \$200,000 | | \$1,200,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 6 of 9

K. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

L. Project Name and Number (if applicable): *Statewide Utility Repair*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project includes the replacement and repair of utility systems throughout the State Park System. It includes sewage treatment facilities, water systems and electrical systems.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: Systems must be maintained in order to remain in compliance with regulations of the South Carolina Department of Health and Environmental Control.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$1,000,000 | \$250,000 | | \$1,250,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 7 of 9

C. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

D. Project Name and Number (if applicable): *Revenue Enhancement Facility Repair/Replacement*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project includes the replacement of the Tackle Shop at Santee State Park and the construction of two additional comfort stations in the campground at Myrtle Beach State Park. These facilities will enhance the revenues at these two locations.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: The Tackle shop at Santee has deteriorated with age and usage. The size of the current facility is not large enough to meet customer demand. The campground at Myrtle Beach State Park receives heavy usage. The current comfort stations have deteriorated due to age and usage.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$2,000,000 | \$0 | | \$2,000,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|---|---------------------|-----------------|---------|-------|-------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|---|---------------------|-----------------|---------|-------|-------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 8 of 9

K. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

L. Project Name and Number (if applicable): *Statewide Campground Improvements*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project consists of improving campgrounds throughout the State Park System. This work includes paving of campground roads, upgrading electrical service, installing sewer connections for individual camp sites, along with renovation and replacement of restroom/shower facilities. This is phase 2 of this project (50%), which will be implemented as funding is available.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: Camping is the number one revenue producer for the State Park System. Heavy usage and age have caused deterioration of these facilities. This along with user demand for upgrades drives the need for this project.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$2,500,000 | \$0 | | \$2,500,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name:

B. Priority No. 9 of 9

K. Strategic Goal/Action Plan (if applicable): *Strategic Goal 2*

L. Project Name and Number (if applicable): *Residence Replacement*

E. Agency Activity Number and Name: State Parks – Field Operations (#1270)

F. Description of Priority: This project consists of the construction of two new park staff residences to replace existing mobile home units.

G. Detailed Justification for Funding-

(1) Justification for Funding Priority: The mobile home units currently in use are over 20 years old and have deteriorated beyond repair.

(2)

| Total Project Cost Estimates: | Additional State Funds | Previously Authorized State Funds | Total Other Fund Sources | Project Total |
|--------------------------------------|-------------------------------|--|---------------------------------|----------------------|
| Total Project Cost* | \$300,000 | \$0 | | \$300,000 |

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? _____

If not, will additional state funds be needed in the future? _____

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

| Additional Annual Operating Cost Details: | State Non-Recurring | State Recurring | Federal | Other | Total |
|--|----------------------------|------------------------|----------------|--------------|--------------|
| Total Costs: | | | | | |
| (a) Number of FTEs | | | | | 0.00 |
| (b) Total Personnel Costs | | | | | \$ 0 |
| (c) Furniture/Equipment | | | | | \$ 0 |
| (d) Other Operating Costs | | | | | \$ 0 |
| Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

J. Other Comments:

FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

I. 2% COST SAVINGS ASSESSMENT

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: 1287 Contributions
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$38,766 | | | \$38,766 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 38,766 | \$ 0 | \$ 0 | \$ 38,766 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing

B. Agency Activity Number and Name: 1599 U S Youth Games

C. Explanation of Cost Savings Initiative: Pass Through line item

D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$50,000 | | | \$50,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 50,000 | \$ 0 | \$ 0 | \$ 50,000 |

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Gaston Collard Festival (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|-----------------|----------------|--------------|-----------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$5,000 | | | \$5,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 5,000 | \$ 0 | \$ 0 | \$ 5,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Greenville Zoo (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$40,507 | | | \$40,507 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 40,507 | \$ 0 | \$ 0 | \$40,507 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Gilbert Peach Festival (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|------------------|----------------|--------------|------------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$25,000 | | | \$25,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 25,000 | \$ 0 | \$ 0 | \$ 25,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Pelion Peanut Festival (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$5,000 | | | \$5,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 5,000 | \$ 0 | \$ 0 | \$ 5,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Pendleton Agricultural Museum (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$4,133 | | | \$4,133 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 4,133 | \$ 0 | \$ 0 | \$ 4,133 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing

B. Agency Activity Number and Name: Oakley Park (NEW)

C. Explanation of Cost Savings Initiative: Pass Through line item

D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$5,649 | | | \$5,649 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 5,649 | \$ 0 | \$ 0 | \$ 5,649 |

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing

B. Agency Activity Number and Name: Riverbanks Zoo (NEW)

C. Explanation of Cost Savings Initiative: Pass Through line item

D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$166,191 | | | \$166,191 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 166,191 | \$ 0 | \$ 0 | \$ 166,191 |

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: SC Senior Sports Classic (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$26,074 | | | \$26,074 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 26,074 | \$ 0 | \$ 0 | \$ 26,074 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: Walhalla-Stumphouse Tunnel (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|-----------------|----------------|--------------|-----------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$8,266 | | | \$8,266 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 8,266 | \$ 0 | \$ 0 | \$ 8,266 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

- A. Agency Section/Code/Name: Section 26/II A/Tourism Sales & Marketing
- B. Agency Activity Number and Name: SC Jr. Golf Association (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|-----------------|----------------|--------------|-----------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$3,000 | | | \$3,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 3,000 | \$ 0 | \$ 0 | \$ 3,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency. In addition the South Carolina Junior Golf Association receives revenue from the sale of the SC Golf license tags.

- A. Agency Section/Code/Name: Section 26/II C/Recreation, Planning & Engineering
- B. Agency Activity Number and Name: 1282 Palmetto Trails
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$200,000 | | | \$200,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 200,000 | \$ 0 | \$ 0 | \$ 200,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency. The organization should apply for funding through the Recreational Trails grant program from the Federal Highway Administration, which is administered by Parks, Recreation & Tourism.

- A. Agency Section/Code/Name: Section 26/II C/Recreation, Planning & Engineering
- B. Agency Activity Number and Name: Francis Marion Trail (NEW)
- C. Explanation of Cost Savings Initiative: Pass Through line item
- D. Estimate of Savings:

| FY 2007-08 Cost Savings Estimates: | General | Federal | Other | Total |
|---|----------------|----------------|--------------|--------------|
| Personnel: | | | | |
| (a) Number of FTEs | | | | 0.00 |
| (b) Personal Service | | | | \$ 0 |
| (c) Employer Contributions | | | | \$ 0 |
| | | | | |
| Program/Case Services | | | | \$ 0 |
| Pass-Through Funds | \$200,000 | | | \$200,000 |
| Other Operating Expenses | | | | \$ 0 |
| | | | | |
| Total | \$ 200,000 | \$ 0 | \$ 0 | \$ 200,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): This is a line item pass through and would not have an affect on the agency.

| Summary of Cost Savings Initiatives for FY 2007-08: | FUNDING | | | | FTEs | | | |
|---|-----------|---------|-------|------------|-------|------|-------|-------|
| | General | Federal | Other | Total | State | Fed. | Other | Total |
| Initiative Title: Pass Through Funds | \$5,649 | 0 | 0 | \$ 5,649 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: Oakley Park Museum (NEW) | | | | | | | | |
| Initiative Title: Pass Through Funds | \$166,191 | 0 | 0 | \$ 166,191 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: Riverbanks Zoo (NEW) | | | | | | | | |
| Initiative Title: Pass Through Funds | \$26,074 | 0 | 0 | \$ 26,074 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: SC Senior Sports Classic (NEW) | | | | | | | | |
| Initiative Title: Pass Through Funds | \$8,266 | 0 | 0 | \$8,266 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: Walhalla Stumphouse Tunnel (NEW) | | | | | | | | |
| Initiative Title: Pass Through Funds | \$3,000 | 0 | 0 | \$ 3,000 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: SC Jr. Golf Association (NEW) | | | | | | | | |
| Initiative Title: Pass Through Funds | \$200,000 | 0 | 0 | \$ 200,000 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: 1282 Palmetto Trails | | | | | | | | |
| Initiative Title: Pass Through Funds | \$200,000 | 0 | 0 | \$200,000 | 0 | 0 | 0 | 0.00 |
| Activity Number & Name: Francis Marion Trail | | | | | | | | |
| | | | | | | | | |
| TOTAL OF ALL INITIATIVES | \$777,586 | \$ 0 | \$ 0 | \$777,586 | 0.00 | 0.00 | 0.00 | 0.00 |

FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

II. PRIORITY ASSESSMENT OF AGENCY ACTIVITIES

- A. Agency Section/Code/Name: Section 26/Proviso 73.14/Competitive Grants
- B. Agency Activity Number and Name: 1603 Competitive Grants
- C. Explanation of Lowest Priority Status: The Competitive Grants program funded via proviso 73.14 duplicates the Tourism Marketing Partnership Program managed by Parks, Recreation & Tourism with the exception of performance measures. Non-profit organizations are eligible to apply for funding through the Tourism Marketing Partnership Program (TMPP) within Parks, Recreation & Tourism. The Tourism Marketing Partnership Program is a reimbursable, matching funds grant that provides financial assistance for the development and implementation of effective tourism promotion projects. These local tourism promotion activities, in combination with the international, national and regional marketing efforts of the Department of Parks, Recreation and Tourism are intended to manage a sustainable tourism industry throughout South Carolina. An industry based review panel will evaluate each proposal according to the following: project design, performance measures/accountability and thoroughness.
- D. Estimate of Savings:

| Estimate of Savings: | General | Federal | Supplemental | Capital Reserve | Other | Total |
|----------------------------|---------|---------|--------------|-----------------|-------|-------------|
| Personnel: | | | | | | |
| (a) Number of FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 |
| (b) Personal Service | 0 | | 0 | 0 | 0 | \$ 0 |
| (c) Employer Contributions | 0 | | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Program/Case Services | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| Pass-Through Funds | 0 | 0 | \$3,000,000 | 0 | 0 | \$3,000,000 |
| Other Operating Expenses | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Total | \$ 0 | \$ 0 | \$3,000,000 | \$ 0 | \$ 0 | \$3,000,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): The grantees should apply to the Tourism Marketing Partnership Program for funding. TMPP requires performance and accountability measurements.

- A. Agency Section/Code/Name: Section 26/II C/Recreation, Planning and Engineering
- B. Agency Activity Number and Name: 1282 Palmetto Trails
- C. Explanation of Lowest Priority Status: This organization is eligible to apply for federal Recreational Trails funding provided by the Federal Highway Administration. The Recreational Trails Program (RTP) is a federal-aid assistance program designed to help States provide and maintain recreational trails for both motorized and non-motorized recreational trail use. This program is administered by Parks, Recreation & Tourism.
- D. Estimate of Savings:

| Estimate of Savings: | General | Federal | Supplemental | Capital Reserve | Other | Total |
|----------------------------|------------|---------|--------------|-----------------|-------|------------|
| Personnel: | | | | | | |
| (a) Number of FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 |
| (b) Personal Service | 0 | | 0 | 0 | 0 | \$ 0 |
| (c) Employer Contributions | 0 | | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Program/Case Services | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| Pass-Through Funds | \$200,000 | 0 | \$100,000 | 0 | 0 | \$ 100,000 |
| Other Operating Expenses | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Total | \$ 200,000 | \$ 0 | \$100,000 | \$ 0 | \$ 0 | \$ 100,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): The grantee should apply for funding from the Recreational Trails Program. This will require performance and accountability measurements and is issued on a competitive basis.

- A. Agency Section/Code/Name: Section 26/Proviso 73.14/Dorchester County Youth & Senior Center
- B. Agency Activity Number and Name: Dorchester County Youth & Senior Center (NEW)
- C. Explanation of Lowest Priority Status: This activity does not support the agency's strategic goals.
- D. Estimate of Savings:

| Estimate of Savings: | General | Federal | Supplemental | Capital Reserve | Other | Total |
|-----------------------------|----------------|----------------|---------------------|------------------------|--------------|--------------|
| Personnel: | | | | | | |
| (a) Number of FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 |
| (b) Personal Service | 0 | | 0 | 0 | 0 | \$ 0 |
| (c) Employer Contributions | 0 | | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Program/Case Services | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| Pass-Through Funds | \$0 | 0 | \$180,000 | 0 | 0 | \$180,000 |
| Other Operating Expenses | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Total | \$ 0 | \$ 0 | \$180,000 | \$ 0 | \$ 0 | \$180,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): The funding for this activity was non-recurring; therefore there should not be a negative impact on customers.

- A. Agency Section/Code/Name: Section 26/Proviso 73.14/African American Reconstruction Society
- B. Agency Activity Number and Name: African American Reconstruction Society (NEW)
- C. Explanation of Lowest Priority Status: This activity does not support the agency's strategic goals.
- D. Estimate of Savings:

| Estimate of Savings: | General | Federal | Supplemental | Capital Reserve | Other | Total |
|----------------------------|---------|---------|--------------|-----------------|-------|-----------|
| Personnel: | | | | | | |
| (a) Number of FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 |
| (b) Personal Service | 0 | | 0 | 0 | 0 | \$ 0 |
| (c) Employer Contributions | 0 | | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Program/Case Services | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| Pass-Through Funds | \$0 | 0 | \$20,000 | 0 | 0 | \$20,000 |
| Other Operating Expenses | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Total | \$ 0 | \$ 0 | \$20,000 | \$ 0 | \$ 0 | \$ 20,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): The funding for this activity was non-recurring; therefore there should not be a negative impact on customers.

- A. Agency Section/Code/Name: Section 26/Proviso 73.14/Historic Register – Randolph Cemetery
- B. Agency Activity Number and Name: Historic Register – Randolph Cemetery (NEW)
- C. Explanation of Lowest Priority Status: This activity does not support the agency’s strategic goals.
- D. Estimate of Savings:

| Estimate of Savings: | General | Federal | Supplemental | Capital Reserve | Other | Total |
|-----------------------------|----------------|----------------|---------------------|------------------------|--------------|--------------|
| Personnel: | | | | | | |
| (a) Number of FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 |
| (b) Personal Service | 0 | | 0 | 0 | 0 | \$ 0 |
| (c) Employer Contributions | 0 | | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Program/Case Services | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| Pass-Through Funds | \$0 | 0 | \$175,000 | 0 | 0 | \$175,000 |
| Other Operating Expenses | 0 | 0 | 0 | 0 | 0 | \$ 0 |
| | | | | | | |
| Total | \$ 0 | \$ 0 | \$175,000 | \$ 0 | \$ 0 | \$175,000 |

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*): The grantee would need to apply to the Tourism Marketing Partnership Program for funding. This will require performance and accountability measurements.

F.

| Summary of Priority Assessment of Activities | General | Federal | Supplemental | Capital Reserve | Other | Total | FTEs |
|---|-------------------|----------------|---------------------|------------------------|--------------|------------------|-------------|
| Activity Number & Name: 1603 Competitive Grants | 0 | 0 | \$3,000,000 | 0 | 0 | 3,000,000 | 0 |
| Activity Number & Name: 1282 Palmetto Trails | \$200,000 | 0 | \$100,000 | 0 | 0 | \$ 300,000 | 0 |
| Activity Number & Name: Dorchester County Youth & Senior Ctr (NEW) | 0 | 0 | \$180,000 | 0 | 0 | \$180,000 | 0 |
| Activity Number & Name: African American Reconstruction Society (NEW) | 0 | 0 | \$20,000 | 0 | 0 | \$20,000 | 0 |
| Activity Number & Name: National Historic Register – Randolph Cemetery | 0 | 0 | \$175,000 | 0 | 0 | \$175,000 | 0 |
| TOTAL OF LOWEST PRIORITIES | \$ 200,000 | \$ 0 | \$3,475,000 | \$ 0 | \$ 0 | 3,675,000 | 0.00 |